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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	WSP:199 US
		First Named Inventor	BORN, Andrea et al.
<input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		COMPLETE IF KNOWN	
		Application Number	09 869,183
		Filing Date	
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FORMING OR COATING MATERIAL AND UTILIZATION THEREOF

the specification of which:

☐ is attached hereto

OR

☒ was filed on **12/15/1999** as PCT International Application Number **PCT/DE99/04036** and was amended on (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f) or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
198 60 161.1 199 21 876.5	Germany ✓	12/24/1998 ✓	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Germany ✓	05/12/1999 ✓	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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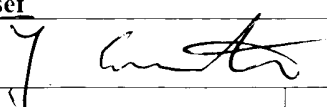
DECLARATION – Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number <input type="text"/> OR <input checked="" type="checkbox"/> Correspondence address below			
Name <u>DUNN & ASSOCIATES</u>			
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Country <u>U.S.A.</u>	Telephone <u>716-433-1661</u>	Fax <u>716-433-1665</u>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <u>Andrea</u> (first and middle [if any])		Family Name <u>Born</u> or Surname	
Inventor's Signature <u>Andrea Born</u>		Date <u>01.08.01</u>	
Residence: City <u>Elbtal 2 ALEX</u>	State	Country <u>Germany</u>	Citizenship <u>German</u>
Mailing Address <u>Lindenstücker 7</u>			
City <u>Elbtal 2</u>	State	ZIP <u>D-65627</u>	Country <u>Germany</u>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name <u>Reinhardt</u> (first and middle [if any])		Family Name <u>Wink</u> or Surname	
Inventor's Signature <u>RE</u>		Date <u>13.8.01</u>	
Residence: City <u>Hochheim</u>	State	Country <u>Germany</u>	Citizenship <u>German</u>
Mailing Address <u>Wickerer Strasse 11</u>			
City <u>Hochheim</u>	State	ZIP <u>D-65239</u>	Country <u>Germany</u>
<input checked="" type="checkbox"/> Additional inventors are being named on the One (1) supplemental Additional Inventor(s) sheet(s) PTO/SB-02A attached hereto.			

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DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Josef		Ermuth	
Inventor's Signature 		Date 13.08.01	
Residence: City	Wiesbaden - DE	State	Country Germany
Citizenship		German	
Mailing Address Klagenfurter Ring 79			
City	Wiesbaden	State	ZIP D-65187
Country		Germany	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Citizenship			
Mailing Address			
City		State	ZIP
Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Citizenship			
Mailing Address			
City		State	ZIP
Country			

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